**Centre name:** Roseville Nursing Home

**Centre ID:** OSV-0000089

**Centre address:** 49 Meath Road, Bray, Wicklow.

**Telephone number:** 01 286 2582

**Email address:** rosevillenursinghome@gmail.com

**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990

**Registered provider:** Roseville Nursing Home Limited

**Provider Nominee:** Denise Charmant-Dunne

**Lead inspector:** Julie Pryce

**Support inspector(s):** None

**Type of inspection:** Unannounced

**Number of residents on the date of inspection:** 25

**Number of vacancies on the date of inspection:** 2
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 September 2014 12:30  To: 25 September 2014 21:00

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 14: End of Life Care</th>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection of Roseville Nursing Home which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers were invited to attend an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed surveys which relatives submitted to the Health Information and Quality Authority (the Authority) prior to the inspection. The inspector met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as policies and care plans.

The person in charge who completed the provider self-assessment tools had judged the centre to be fully complaint in relation to food and nutrition and end of life care.

On the day of inspection the inspector found a minor non compliance in one outcome inspected against with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. However, the inspector was satisfied that a high standard of care was provided to residents under the two outcomes. This was reflected in positive outcomes for residents, was confirmed by residents and relatives and evidenced throughout the inspection.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that residents requiring end of life care received a high quality and person-centred service at this stage of life. The inspector noted many examples of good practice in this area. Staff and management demonstrated a caring, respectful and professional approach to this stage of life. Questionnaires were received from a number of relatives of deceased residents which showed that overall families were satisfied with the care given to their relatives.

Staff had access to palliative care services if required, and many of the staff had received specialist training in palliative care and in end of life decision making. The inspector reviewed documentation for a number of residents in relation to end of life care planning. The documentation for each resident reviewed by the inspector included an end of life care plan which for the most part was informed by the assessment. Advance planning for residents in relation to end of life care was clearly documented and informed the care plans and was effectively communicated to all staff.

The inspector reviewed an end of life care plan for a resident who had a recently passed away and found a thorough assessment and care plan. Implementation of the care plan had been recorded contemporaneously.

There was a policy on end of life care which was centre specific and provided sufficient detail to guide staff. However it referred to a private room for families to visit their relatives at the end of life, but this was not yet available. In addition, while every effort was made to provide a single room for residents at the end of life this was not always possible.

All staff members questioned by the inspector in relation to this area of care were knowledgeable and respectful and demonstrated a clear understanding of the needs of both the resident and their relatives and friends at this stage of life. Following the passing away of a resident, the resident’s room and possessions were dealt with in a sensitive manner. Staff and managers attended the funerals of residents who had passed away, there was an annual mass to celebrate the lives of those who had passed.
away. On the day of the inspection a memorial notice board was in place to commemorate the recent passing away of a resident. In addition the provider had introduced an audit of end of life care to further inform practice.

**Judgment:**
Compliant

**Outcome 15: Food and Nutrition**
*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector observed the service of lunch and evening meal to residents. The dining area was adequately furnished and equipped and was spacious enough to accommodate residents. Every resident spoken to stated that the food was of a high standard and enjoyable, and that their choices were accommodated, including on occasions where they preferred something which was not on the menu. The inspector observed this in practice during the meals. Choice was offered to some residents by showing them the prepared plates of food to allow for immediate choice, and the inspector also observed that where residents could not communicate their preferences several alternatives were offered where the meal served was refused.

The meals observed were hot and plentiful and attractively presented, including the modified diets. Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and both nursing staff and catering staff were very aware of each resident’s requirements. Several staff were engaged in a comprehensive training course relating to nutrition and all demonstrated knowledge sufficient to meet the needs of residents. The kitchen was well stocked, well maintained and was observed by the inspector have a high standard of cleanliness. Snacks and drinks were readily available to residents.

The inspector found that there were adequate numbers of staff on duty to accommodate and assist residents. The service of meals was sufficiently supervised and coordinated to meet the needs of the residents. Assistance was observed to be offered appropriately in a dignified and respectful manner. Where residents had impaired sight the plate of food was described to them by staff.

Residents had access to a general practitioner, dentist and speech and language therapist (SALT) as required, and there was evidence that recommendations from these professionals were implemented for individual residents. There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff.
Nutritional intake of residents was recorded and where any concerns relating to intake were noted extra monitoring was instigated. There was evidence of care plans being updated to reflect this changing need, and of recording of the implementation of these care plans.
Audits had been conducted in relation to nutrition which identified any issues and actions required. Feedback forms from residents in relation to meals were reviewed, and meals were discussed at residents’ meetings. Menus were planned in accordance with the preferences and nutritional requirements of residents, and were reviewed by a dietician.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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